

**Missouri Department of Health and Senior Services**

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Richard W. Moore
Acting Director



Michael L. Parson
Governor

February 3, 2022

Standing Order to Administer ACON Flowflex COVID-19 Antigen Home Test At Area Agencies on Aging

Purpose:

To enable Area Agencies on Aging (AAA) to implement testing for symptomatic or asymptomatic staff or volunteers in an effort to increase testing options available through use of the ACON Flowflex COVID-19 Antigen Home Test. The ACON Flowflex COVID-19 Antigen Home Test may be used to test symptomatic individuals or asymptomatic individuals considered a close contact of an individual with SARSCoV-2. The ACON Flowflex COVID-19 Antigen Home Test may be used for screening of AAA staff or volunteers and, if used in this manner, are recommended to be used in a serial fashion (repeated testing of an individual at different points in time over a period of several days with at least a 24 hour interval between the tests). Symptoms of SARS-CoV-2 are a new cough, difficulty breathing, loss of taste or smell, fever ($\geq 100.4^{\circ}\text{F}$), congestion/runny nose, nausea/vomiting/diarrhea, sore throat, headache, and myalgia. Persons who have been exposed to COVID infection and have symptoms of the disease but have negative ACON Flowflex COVID-19 Antigen Home Test, should have additional testing done using different testing methods.

Policy:

This health order allows any AAA's employee or designee assigned as a test administrator by their respective agency and who has successfully completed the required ACON online training for ACON Flowflex COVID-19 Antigen Home Test administration to conduct sample collection or observe sample collection performed by the staff or volunteers to assure quality assurance.

Procedure:

1. Evaluate individuals with the above criteria for symptoms of COVID-19 in the past seven days
2. Provide Flowflex Fact Sheet For Patients
3. Offer opportunity for questions
4. Ensure permission has been obtained
5. Administer the test pursuant to the Product Insert and Procedure Card
6. Document
 - a. Date, time, location of test
 - b. Name, title, and professional license number of person administering the test
 - c. Name of test and manufacturer lot and number
 - d. Results of the test
 - e. Presenting symptoms
 - f. Verification of signed consent form

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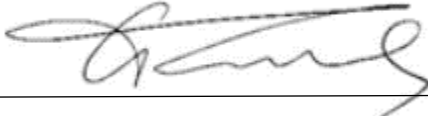
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7. Submit the required data and all test results via secure file transfer protocol in accordance with the procedure specified by the Missouri Department of Health and Senior Services (DHSS) within twenty-four hours of each test's administration.
8. Immediately notify the individual tested of his or her result and implement appropriate control measures accordingly.

This order and procedure shall remain in effect until rescinded or until December 31, 2022.

A handwritten signature in black ink, appearing to read 'George Turabelidze', is written over a horizontal line.

George Turabelidze MD, PhD
State Epidemiologist